

The Performance Quality of Utah's Health Plans 2005



About HMOs

WHAT ARE HMOs?

HMO stands for "Health Maintenance Organization". HMOs offer their members comprehensive health insurance through a network of chosen hospitals and doctors in exchange for a prepaid premium. HMOs make contracts with local hospitals, doctors and other health care providers (e.g., midwives, nurse practitioners) who work together to provide care to their members. Enrollees of an HMO need to choose a Primary Care Physician (PCP) from the network, who takes care of most of the patient's medical needs. To go to a specialist, enrollees usually need a referral from their PCP.

Traditional Fee-For Service insurance allows consumers to get care from any doctor or hospital but at higher out-of-pocket costs; HMO enrollees obtain care from doctors and hospitals that are part of the HMOs provider network at lower out-of-pocket costs than Fee-For-Service.

WHY IS THIS INFORMATION IMPORTANT?

- ★ As a consumer you have the right to receive high quality care from your HMO and your doctor.
- ★ It is important for you to learn how well Utah commercial HMOs performed in providing quality care to Utahns.
- ★ This poster will help you make an informed choice when selecting your own HMO; choose the health plan that best meets your needs.

There are three things to look for when you are choosing an HMO.:

1. An HMO that provides service in your county. Not all HMOs are offered in all counties in Utah. Use the phone numbers or web sites in this poster for information on HMOs that are in your county.
2. An HMO that allows you to see the providers you want to see. If you want to see certain doctors and other providers, you should find out if they participate in the HMO.
3. The HMO's performance in areas that are important to you. Use the information provided in this poster to see how well the HMOs you are considering performed compared to other health plans in Utah.

WHAT DO THE QUALITY RATINGS MEAN?

This poster shows how Utah's commercial HMOs performed in 2004. In the spring of 2005, the Utah Department of Health and Utah HMOs conducted an HMO enrollee satisfaction survey to find out what parents of HMO enrollees think about the services they received during 2004 from HMOs. Nearly 5,000 enrollees were surveyed by mail or over the telephone.

Information in this poster comes from HEDIS (Health plan Employer Data and Information Set). Utah HMOs submit HEDIS measures to the Utah Department of Health every year. HMOs use HEDIS as a way to measure the quality of care they provide. This poster presents the results of a few chosen measures from the 2005 HEDIS.

WHERE CAN I FIND MORE INFORMATION?

For more information on all of the HMOs described in this poster, you can contact the HMOs directly. Telephone numbers and website addresses are listed below.

Altius Health Plans	www.altiushealthplans.com	1-800-377-4161
CIGNA Health Care of Utah	www.cigna.com	1-801-265-2777
IHC Health Plans	www.ihc.com	1-800-538-5038
Regence Healthwise	www.ut.regence.com	1-800-624-6519
United Health Care of Utah	www.unitedhealthcare.com	1-800-624-2942

Choose the health plan that is right for you

Key

★★★★

★★★★

★★★

NR

NA

Higher

Average

Lower

Not Reported

Not Applicable

HMO score is statistically above the average for Utah HMOs.

HMO score is neither higher nor lower than the Utah HMO average.

HMO score is below the average for Utah HMOs.

Performance Quality Indicators		Utah HMOs				
		Altius	Cigna	IHC	Regence HealthWise	United-Healthcare of Utah
HMO Customer Survey Results	Rating of Health Plan (People who rated their HMO as 8, 9, or 10 on a 0 to 10 point scale)	★★★★	★★	★★	★★	★
	Rating of Health Care (People who rated their health care as 8, 9, or 10 on a 0 to 10 point scale)	★★	★★	★★	★★	★★
	Rating of Personal Physician (People who rated their personal doctor as 8, 9, or 10 on a 0 to 10 point scale)	★★	★★	★★	★★	★★
	Rating of Specialist (People who rated their specialist as 8, 9, or 10 on a 0 to 10 point scale)	★★	★★	★★	★★	★★
	Getting Care Quickly (People who said they 'Always' or 'Usually' got timely care)	★★	★★	★★	★★	★★★★
	How Well Doctors Communicate (People who said they 'Always' or 'Usually' had good communication with their provider)	★★	★★	★★	★★	★★
	Courteous/Helpful Office Staff (People who said medical office staff was 'Always' or 'Usually' helpful and courteous)	★★	★★	★★	★★	★★
	Claims Processing (People who said they 'Always' or 'Usually' had their claims processed properly)	★★★★	★	★★★★	★★	★
	Getting Needed Care (People who said getting necessary care was 'Not a Problem')	★★	★★	★★	★★	★★
	Customer Service (People who said getting customer service was 'Not a Problem')	★★★★	★★	★★★★	★★	★
Information reported from HMO	Immunization by 2 (Children who had 4 DTaP/DT, 4 IPV/OPV, 1 MMR, 3 Hib & 3 Hepatitis B vaccinations)*	★★★★	NR	★★★★	★	★★★★
	Children's Access to Primary Care Providers, 12-24 months (Children who had a visit with a PCP)	★★★★	★★★★	★★★★	★	★★
	Children's Access to Primary Care Providers, 25 months - 6 years (Children who had a visit with a PCP)	★★★★	★★★★	★★★★	★	★★★★
	Children's Access to Primary Care Providers, 7 - 11 years (Children who had a visit with a PCP)	★★★★	★★★★	★★★	★	★★
	Well-Child Visits in the First 15 months of Life (Infants who had 5 or more well-child visits)*	★★★★	★★★★	★★★★	★	★★
	Well-Child Visits for 3-6 Year Olds (Children who had at least one well-child checkup in 2003)*	★★★★	★	★★	★	★★
	Adolescent Well-Care Visit (Adolescents aged 12-21 years who had at least one comprehensive well-care visit in 2003)*	★★★★	★	★★★★	★	★★
	Adult's Access to Preventive Care (20-44) (Adults aged 20-44 years who had an ambulatory/preventive care visit)	★★★★	★	★★★★	★	★★★★
	Adult's Access to Preventive Care (45-64) (Adults aged 45-64 years who had an ambulatory/preventive care visit)	★★★★	★	★★★★	★★	★★★★
	Appropriate Medications for People with Asthma (Members aged 5-56 who were prescribed appropriate asthma medication)	★★★★	NA	★★★★	★	★
	Diabetic Care: Blood Sugar Test (Diabetics aged 18-75 years who had hemoglobin Alc tested)	★★★★	NR	★★★★	★★	★
	Diabetic Care: Eye Exam (Diabetics aged 18-75 years who had eye exam performed)*	★★	NR	★★★★	★	★
	Diabetic Care: LDL-C Screening (Diabetics aged 18-75 years who had cholesterol level screened)	★★★★	NR	★★★★	★★	★
	Diabetic Care: Monitoring for Kidney Disease (Diabetics aged 18-75 years who had nephropathy monitored)*	★★★★	NR	★★★★	★	★
	Colorectal Cancer Screening (Adults aged 50-80 who have ever had a colorectal cancer screening)*	★★★★	★	★★★★	★	★
	Breast Cancer Screening (women aged 50-69 years who had a mammogram in the past 2 years)*	★★	★★★★	★★★★	★	★
	Cervical Cancer Screening (women aged 18-64 years who had a Pap test during 2001-2003)*	★★	★	★★★★	★	★★★★

* To collect this information, some HMOs conducted medical chart reviews in addition to using their administrative data, while others used administrative data only.
** Cigna Healthcare used administrative data to collect these measures. Eye Exam = 18%; Monitoring for Diabetic Nephropathy = 22%.
For a detailed report (2004 Performance Report for Utah Health Plans), visit our website at http://health.utah.gov/hda/consumer_publications/HmoPerformance2005.pdf